

DARRELL V. McGRAW, JR.
ATTORNEY GENERAL

PHYSICAL ADDRESS:
812 Quarrier St.
Charleston, WV 25301

MAILING ADDRESS:
P. O. Box 1789
Charleston, WV 25326-1789

E-Mail: consumer@wvago.gov
<http://www.wvago.gov>



STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL

Consumer Protection
and Antitrust Division
(304) 558-8986

Preneed Funeral Services
(304) 558-8986

Consumer Hotline
1-800-368-8808

FAX: (304) 558-0184

2008 HEALTH SPA REGISTRATION FORM
(As Required by West Virginia Law: Title 142, Legislative Rule, Series 13)

(For WVAG Office Use Only)
**REGISTRATION
NUMBER:** _____

1. NAME OF BUSINESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

2. PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ FAX #: _____

3. STATE TAX #: _____

You must attach a copy of your current business registration certificate.

4. HAVE YOU POSTED A BOND/LETTER OF CREDIT? (PLEASE CIRCLE)

YES

NO

4a. **IF YES**, PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE
NUMBER, AND POLICY NUMBER OF THE BUSINESS WITH A COPY OF
THE BOND/LETTER OF CREDIT.

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ FAX #: _____

POLICY #: _____

4b. **IF NO**, CHECK WHICH EXEMPTION YOU ARE CLAIMING:

- (A)_____ APPLICATION FEE, INITIATION FEE, OR OTHER INITIAL CHARGE IS NO HIGHER THAN TWENTY-FIVE DOLLARS, AND THE SALE OF LONG TERM CONTRACTS IS LIMITED TO NO LONGER THAN THREE (3) MONTHS.
- (B)_____ APPLICATION FEE, INITIATION FEE, OR OTHER INITIAL CHARGE IS NO HIGHER THAN TWENTY-FIVE DOLLARS, AND AGREES TO REQUIRE ADVANCE PAYMENT OF NO MORE THAN ONE THIRD OF THE FULL PURCHASE PRICE OF CONTRACTS LONGER THAN THREE (3) MONTHS AND ACCEPTS MONTHLY PAYMENTS FOR THE BALANCE OF THE CONTRACT PERIOD SPREAD OUT EQUALLY OVER THE REST OF THE CONTRACT PERIOD.
- (C)_____ OPERATED IN THIS STATE FOR A CONTINUOUS PERIOD OF THREE (3) YEARS OR LONGER IN THE SAME MARKET LOCATION AND WITH THE SAME PRINCIPLES, OFFICERS, OR CORPORATE IDENTITY INCLUDING SUBSIDIARIES.

5. PLEASE PROVIDE A COPY OF MEMBERSHIP CONTRACTS.

6. SIGN AND CERTIFY BELOW:

I UNDERSTAND THAT THIS INFORMATION WILL BE VERIFIED BY THE OFFICE OF THE ATTORNEY GENERAL AND MAY BE RELEASED TO LAW ENFORCEMENT OFFICIALS. I FURTHER STATE THAT THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME

SIGNATURE

DATE

****YOU WILL NOT BE REGISTERED WITH THE ATTORNEY GENERAL'S OFFICE UNTIL YOU RETURN THIS FORM TO:

WEST VIRGINIA ATTORNEY GENERAL'S OFFICE
ANTITRUST & CONSUMER PROTECTION DIVISION
P.O. Box 1789
CHARLESTON, WEST VIRGINIA 25326-1789
Attn: Raquel Gray